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Bib Data Sheet

CONFIRMATION NO. 2837

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/937,004 | <b>FILING DATE</b><br>05/22/2002<br><b>RULE</b> | <b>CLASS</b><br>382 | <b>GROUP ART UNIT</b><br>2621 | <b>ATTORNEY<br/>DOCKET NO.</b><br>566.40671X00 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Masahiro Mimura, Kawasaki, JAPAN;  
Yoichi Seto, Kawasaki, JAPAN;  
Takuo Ishizuka, Hadano, JAPAN;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A 371 OF PCT/JP01/04405 05/25/2001

4/8 - 03.17.05

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2000-162517 05/31/2000

|   |   |                                 |                              |                                    |
|---|---|---------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>JAPAN                    | <b>SHEETS<br/>DRAWING</b><br>26 | <b>TOTAL<br/>CLAIMS</b><br>5 | <b>INDEPENDENT<br/>CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions<br>met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after |   |                                 |                              |                                    |
| Verified and<br>Acknowledged  | Allowance<br><i>[Signature]</i><br>Examiner's Signature | Initials<br><i>[Initials]</i>   |                              |                                    |

**ADDRESS**

Antonelli Terry Stout & Kraus  
Suite 1800  
1300 North Seventeenth Street  
Arlington, VA 22209

**TITLE**

Living body authentication system

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>990 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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